

TABE Training
Third Evaluation
(To be completed by trainees 90 days after training)

Training Completion Date _____

1. Did this training assist you in understanding the purpose of the TABE?
() Yes () No

The purpose of the TABE is: _____

2. Have you used the information from this training in your daily practice?
() Yes () No

If yes, how have you used the information? Please be as specific as possible.

3. What outcomes have resulted (or do you predict will or could result) from your use of this training in your daily practice?

4. Do you have any remaining questions about the TABE and/or suggestions for training?
() Yes () No

If yes, what are your questions / suggestions?
